STD. 262 (REV. 10/92) EF Statement On F							s and *Privacy Reverse Side					PageofPages			
CLAIMANT'S NAME George Valverde							SSAN OR EMPLOYEE NUMBER*					TMENT lotor Ve	hicles		
POSITION Director RESIDENCE ADDRESS *  CITY  STATE ZIP CODE						DIVISION OR BUREAU EXECUTIVE HEADQUARTERS ADDRESS 2415 First Avenue CITY Sacramento							INDEX NUMBER  TELEPHONE NUMBER		
											STATE		ZIP CODE		
1) MONTH/YEAR (3) (4)				(5)	MEALO	(6) (7)			CA				(0)	95818	
11/2009		LOCATION	(4)	(5)	MEALS	O.T., L/T,	(6)	(A)	(B)	(C)	(D)		(8) BUSINESS	(9)	
2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR	INCIDEN- TALS	COST OF TRANS.	TYPE	TOLLS,	MILES	AMOUNT	EXPENSE	EXPENSES FOR DAY	
	1230	Paso Robles	94.08	1		DINNER 18.00		THANS.	SC	PARKING	WILLS	AMOON		112.08	
1	1800	San Luis Obispo	01.00	6.00		10.00	6.00		SC					12.00	
	1800	Sail Edis Obispo		0.00			6.00		30					12.00	
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SUBTOTALS 94.08		6.00		18.00	6.00							124.08			
CC	LUMN	CODE (ACCTG, USE ONLY)													
	CLAI	M TOTAL										\$		124.08	
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  3/4: Attended and participated in a meeting of the Region V Field Office Managers; met with										(12) NORMAL WORK HOURS					
staff at the San Luis Obispo field office.											(13) PRIVATE VEHICLE LICENSE NUMBER				
											(14) N	IILEAGE RAT	E CLAIMED		
													GOUNTNO E ONLY		
											PAID BY REVOLVING FUND CHECK NUMBER				
C	alifornia. If	CERTIFY That the above is a true statemen f a privately owned vehicle was used, and if r than the rate claimed, and that I have met	mileage rates ex	ceed the minin	num rate, I cer	tify that the co	st of operatin	g the vehicle	was equ	al					
ve		ty and seat belt usage.		DATE				OFFICER APP			AND PA	YMENT	DATE		